

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** May/05/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right wrist carpal tunnel release

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for right wrist carpal tunnel release is recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who reported an injury to her right wrist. The clinical note dated 04/15/13 indicates the patient stated that there was no inciting injury; however, the patient was involved with prolonged keyboard use. The patient had complaints of swelling, bruising, crepitation along with decreased range of motion. Radiating pain was identified into the right hand. The patient described the pain as an aching sensation with numbness and tingling. The patient rated the pain as 6/10. There is an indication that the patient continued to work but with limitations at that time. The note indicates the patient having undergone x-rays which revealed no acute bone or joint abnormalities. The clinical note dated 05/22/13 indicates the patient continuing with right hand pain that was rated as 8/10. The patient also reported weakness. The patient had been utilizing a wrist splint at that time. The clinical note dated 06/19/13 indicates the patient having undergone an injection at the right carpal tunnel. The patient reported 90% relief of pain following the injection. The clinical note dated 07/08/13 indicates the patient continuing with right wrist pain with associated numbness and weakness. The patient has a positive Tinel's sign on the right. The patient continued to work at that time. The clinical note dated 08/21/13 indicates the patient complaining of bilateral carpal tunnel syndrome symptoms. The patient was recommended for electrodiagnostic studies at that time. The electrodiagnostic studies completed on 12/18/13 revealed mild to moderate median neuropathy at the wrists consistent with carpal tunnel syndrome bilaterally, right greater than left. The clinical note dated 02/03/14 indicates the patient continuing with pain and tingling at the right wrist. The patient was identified as having a positive Phalen's test as well as the positive Tinel's sign. The clinical note dated 03/06/14 indicates the patient continuing with bilateral carpal tunnel syndrome. The note indicates the patient continuing with a positive Tinel's and Phalen's. The patient was recommended for a right sided carpal tunnel release.

The utilization review dated 03/13/14 resulted in a denial for a carpal tunnel release as no

information was submitted confirming the patient's completion of all conservative treatments.

The utilization review dated 03/25/14 resulted in a denial as no information was submitted regarding the patient's completion of all conservative treatments.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation indicates the patient having bilateral carpal tunnel syndrome, right greater than left. The documentation indicates the patient having previously undergone the use of a splint at the right wrist. Previous injections resulted in temporary relief of pain. Additionally, the patient has undergone activity modifications while at work to include limitations. The electrodiagnostic studies confirm the patient's carpal tunnel syndrome symptoms at the right wrist. Given these findings, a carpal tunnel release is indicated. The patient has completed all conservative treatments along with electrodiagnostic evidence supporting the symptoms. Given these findings, this request is reasonable. As such, it is the opinion of this reviewer that the request for right wrist carpal tunnel release is recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)